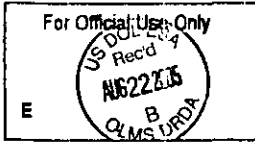


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10170</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Dennis</u> <u>Sheil</u> P.O. Box, Bldg., Room No., if any _____ Street <u>395 Hudson St</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10014</u>	4. Name, file number, and address of labor organization. Name <u>N.Y.C. District Council Carpenters</u> Labor Organization File Number <u>013051</u> P.O. Box, Building and Room Number, if any _____ Street <u>395 Hudson St</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10014</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NYC Carpenter Trust Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>395 Hudson St</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10014</u>	7.a. Nature of Interest, Transaction, or Income. <u>Trust Fund Meetings</u> <u>Registration Fees and Meals</u> <u>International Foundation Conference</u> <u>Trustee Meetings (See Attached)</u> 7.b. Amount. <u>1,527.18</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8-12-05</u> Date	<u>2123667500</u> Telephone Number

**AllianceBernstein**

# Memo

To: Pete Thomassen  
Cc: Denis Sheil  
From: Jim Toma  
Date: August 3, 2005  
Re: LM-30, LM-10

---

Pete, as discussed, I wanted to provide you with the information that I hope will help you prepare your LM-30 for 2004. This is the information I will provide our staff for their LM-10 filing. I've also sent a copy of this note to Denis Sheil.

<u>Date</u>	<u>Event</u>	<u>Attendee (s)</u>	<u>Cost per person</u>
2/19/04	Eagle Trace	Pete Thomassen	\$154
2/19/04	Eagle Trace	Denis Sheil	154
7/1/04	Jasna Polona	Pete Thomassen	189

Pete, if you have any questions or need further information, please let me know.

Thanks,

